

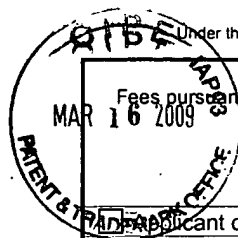
| | | | |
|---|--|--------------------------|-----------------|
| TRANSMITTAL FORM | | Complete if Known | |
| | | Application Number | 10/525,834 |
| | | Filing Date | April 4, 2006 |
| | | First Named Inventor | Suzuki |
| | | Art Unit | 2839 |
| | | Examiner Name | Jean F. Duverne |
| | | Attorney Docket No. | YH0019-US1 |
| Total Number of Pages in This Submission* | | 10 | |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard, SB08a, SB08b and art as indicated |
| Remarks: (*Duplicate copies of SB08a and SB08b, and copies of Return Postcard and Cited Art, if any, are not counted in total number of pages in this submission.) | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-------------------------------|----------|--------|
| Firm Name | Tyco Electronics Corporation | | |
| Signature | <i>Marguerite E. Gerstner</i> | | |
| Printed Name | Marguerite E. Gerstner | | |
| Date | March 13, 2009 | Reg. No. | 32,695 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|-------------------------------|------|----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | <i>Marguerite E. Gerstner</i> | | |
| Typed or printed name | Marguerite E. Gerstner | Date | March 13, 2009 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



| | | | |
|---|--------------|--------------------------|-----------------|
| Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). | | Complete if Known | |
| FEE TRANSMITTAL For FY 2009 | | Application Number | 10/525,834 |
| | | Filing Date | April 4, 2006 |
| | | First Named Inventor | Suzuki |
| | | Examiner Name | Jean F. Duverne |
| | | Art Unit | 2839 |
| Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | YH0019-US1 |
| TOTAL AMOUNT OF PAYMENT | (\$ 1290.00) | | |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-0560 Deposit Account Name: Tyco Electronics Corporation
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity Fee (\$) | Fee (\$) |
|--|-----------------------|----------|
| Each claim over 20 (including Reissues) | 52 | 26 |
| Each independent claim over 3 (including Reissues) | 220 | 110 |
| Multiple dependent claims | 390 | 195 |

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---|--------------|--|----------|---------------|
| _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ | | | | |

4. Other Fee(s)

| | Fee Paid (\$) |
|--|---------------|
| Non-English Specification, \$130 fee (no small entity discount) | N/A |
| Other (e.g., late filing surcharge): <u>3 Month Extension for Reply to Office Action</u> | 1110.00 |
| Other (e.g., late filing surcharge): <u>Information Disclosure Statement</u> | 180.00 |

SUBMITTED BY

| | | | | | |
|-------------------|-------------------------------|-----------------------------------|--------|-----------|----------------|
| Signature | <u>Marguerite E. Gerstner</u> | Registration No. (Attorney/Agent) | 32,695 | Telephone | 650-361-2483 |
| Name (Print/Type) | Marguerite E. Gerstner | | | Date | March 13, 2009 |

Certificate of Mailing (37 CFR 1.8)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date of deposit: March 13, 2009 Name (printed): Marguerite E. Gerstner

Signature: Marguerite E. Gerstner



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| TOTAL AMOUNT OF PAYMENT | (\$) 1290.00 | | |

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|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-0560</u> Deposit Account Name: <u>Tyco Electronics Corporation</u> | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |
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| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | Small Entity | | Small Entity | | Small Entity | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 330 | 165 | 540 | 270 | 220 | 110 | _____ |
| Design | 220 | 110 | 100 | 50 | 140 | 70 | _____ |
| Plant | 220 | 110 | 330 | 165 | 170 | 85 | _____ |
| Reissue | 330 | 165 | 540 | 270 | 650 | 325 | _____ |
| Provisional | 220 | 110 | 0 | 0 | 0 | 0 | _____ |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Small Entity | |
| Fee Description | | | | | | Fee (\$) | Fee (\$) |
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| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | Multiple Dependent Claims | | |
| _____ - 20 or HP = _____ | x _____ | = _____ | | | Fee (\$) | Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | |
| _____ - 3 or HP = _____ | x _____ | = _____ | | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | |
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| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | Fee (\$) | Fee Paid (\$) | | |
| _____ - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | | = _____ | | | |
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| | | | | | | N/A | |
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|---------------------|-------------------------------|-----------------------------------|---------------------|
| SUBMITTED BY | | | |
| Signature | <u>Marquerite E. Gerstner</u> | Registration No. (Attorney/Agent) | Telephone |
| Name (Print/Type) | Marguerite E. Gerstner | 32,695 | 650-361-2483 |
| | | | Date March 13, 2009 |

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| Date of deposit: | <u>March 13, 2009</u> |
| Name (printed): | <u>Marquerite E. Gerstner</u> |
| Signature: | <u>Marquerite E. Gerstner</u> |